ox 12070	Austin, Texa	s 78711-2070

]	N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH instruction	Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Mr. Scott	Date ReceivRECEIVED
	NICKNAME LAST SUFFIX  JOHNSON	MAY 0 6 20111
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	City Secretary's Office
MAILING	6072 Dripping Springs Dr.	Date Hand-delivered of Postmarked
ADDRESS  change of address	Frisco, TX 75034	Receipt # Amount
5 CANDIDATE/	AREA CODE PHONE NUMBER EXTENSION	
OFFICEHOLDER PHONE	(214)929-1189	Date Processed
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MI	Date Imaged
NAME	Mrs, Tyne	
	NICKNAME LAST SUFFIX Berlanga	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; STATE;	ZIP CODE
TREASURER ADDRESS	15509 Wyoming	
(residence or business)	Frisco, TX 75035	
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(Z14)437-7721	
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 fimit	Final report (Atlach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Da	
COVERED	9/5/11 5/7	/ 1
11 ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year	<i>A</i>
	S / 14 / 1) Primary L Runoff	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if kno	
	Trisco City Council, Place 6 Re-election	n
14 NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT TO CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICA	
EXPENDITURE BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages		
	GO TO PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME 546	of Johns	ON	16 ACCOUNT # (Ethics Commission Filers
17 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NO CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MASHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN	IDIDATE COR OFFICE HOLDER COMMISSION
O WINT TEE(3)	COMMITTEE TYPE	COMMITTEE NAME	o contra Exonates,
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	N \$ Ø
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,810,00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		
	4. TOTAL I	POLITICAL EXPENDITURES	\$ 21,796,06
CONTRIBUTION BALANCE	5. TOTAL PO OF REPO	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DARKING PERIOD	
OUTSTANDING LOAN TOTALS	6. TOTAL PE	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH OF THE REPORTING PERIOD	
19 AFFIDAVIT		l swear, or affirm, under penalty of p	perjury, that the accompanying report
Notary Pu My Con Nove	MY FOLLETT bilo, State of Texas nmission Expires mber 29, 2014	is true and correct and includes all in me under Title 15, Election Code.  Signature of Candid	nformation required to be reported by
AFFIX NOTARY STAMP			
Sworn to and subsc	of May	e, by the said Scott John Sev , 20, to certify which, witness my	,
Signature of officer adminis	<del>Jollett</del>	Printed name of officer administering oath	Notary
		seriame of officer administering oath	Title of officer administering oath

#### POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: O The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Scott Johnson 5 Full name of contributor \_\_\_ out-of-state PAC(ID#;\_ 4 Date 7 Amount of 8 In-kind contribution description (if applicable) contribution (\$) 6 Contributor address; City; State; Zip Code 4/26/11 556 Rockledge Ct. Frisco, TX 76034 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor ut-of-state PAC (ID#. Amount of In-kind contribution contribution (\$) description (if applicable) Visconti, Anna Contributor address; City; State; Zip Code 5/1/11 581 Rock Ledge Ct. Frisco, TX 75034 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Jost, Leota Contributor address; City; State; Zip Code 367 Pebble Beach Dr. Frisco, TX 75034 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable) Sharp, Robert & Dianna Contributor address; City; State; Zip Code 5/1/11 7614 Pasatiemp Dr Frisco, TX 75034 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Date contribution (\$) description (if applicable) Born Sharon Contributor address; City; State; Zip Code 7241 ReFlection Bay Dr. Frisco, TX 75034 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Scott Johnson		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
5/1/11	Keating Leslie + John 6 Contributor address; City; State; Zip Code		# 1,000,00	
	4749 Jerral Dr. Frisco,	1 X 75034	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	J	, , , , , , , , , , , , , , , , , , , ,
Date	Barnes, Michael & Jenni Fer. Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/29/11	Contributor address; City; State; Zip Code		#1,000.50	 
	5008 Monterey Dr. Frisco	TX 75034	,	
				of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/26/11	Albinson, Timothy Contributor address; City; State; Zip Code		<sup>\$</sup> 50.∞	 
	3334 Folsom St San Franci	sco, CA MINO	Aff toward and all a	Taylor assurately Cahadida Ti
Principal occur	 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
, , , , , , , , , , , , , , , , , , , ,		ample) (333 )		
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/26/11	Medigovich Robert Contributor address City: State; Zip Code		₩.	1
1100111			400 <u>e</u>	 
	P.O. Box Z415 Frisco, TX 7	<sup>9</sup> 5034	1001	I 
	/		(If travel outside o	i of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	) ;	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/26/11	Lyon, Carol S, Contributor address; City; State; Zip Code		# .00	
	7218 Bay Hill Dr. Frisco,	77 760711	<sup>"</sup> 100 .	<b>{</b> 
	1 - 0 Day 11111 DI. 171501	171 /2039	(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Scott Johnson		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/26/11	Woods, Michael + Linda 6 Contributor address; City; State; Zip Code		\$50.50	
	7091 Glen Abbey Ct. Fris	co, TX 75034		 of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC(ID#_ TREPAC/Texas Assec. of Realto Contributor address; City; State; Zip Code	<u>.s</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/26/11	P.O. Box 2246 Austin, TX	78768	500 F	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I		r Toxas, complete Scriedule 1)
Date 4/21/11	Full name of contributor   out-of-state PAC(ID#_Fletcher, Richard & Jane Contributor address; City; State; Zip Code 5450 Quail Run Frisco, TX		Amount of contribution (\$)	In-kind contribution description (if applicable)
	120 down Von Lusto, LY	7.5039		of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(10#_Brown, Kurt & Jennifer		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/16/11	S922 Var Horn Fr. sco / TX 75034		25,00	CTours countries Calculate To
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#_ Proctor, Brian + Karin		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12/11	Contributor address; City; State; Zip Code 5755 Sweency Tr. Frisco	TX 75034	(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See In		
	· · · · · · · · · · · · · · · · · · ·			

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

Th	e instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Scott Johnson		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#_  BUSCh / David  6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal pec	4670 Gresham Dr. El Dorado	95762	(If travel outside	[   of Texas, complete Schedule T)
9 Fincipal occi	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Abcrnathy , R. or L. Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	7422 Saint Petersburg St. Frisch	Employer (See I	(if travel outside o	of Texas, complete Schedule T)
Date 4/9/11	Full name of contributor out-of-state PAC(ID#_  Takala, Brad+Lisa  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	5964 Dripping Springs Dr. Frisco	Employer (See In	(If travel outside o	of Texas, complete Schedule T)
Date 4/11/11	Full name of contributor out-of-state PAC(ID#_ Wagner, John & Christine Contributor address; City; State; Zip Code  3812 Southwestern Blvd Dall	cs,TX 75225	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#_Wagner, Mark Contributor address; City; State; Zip Code 5771 Preston Haven Dr. Dallas;	TX 75230	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ration / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE A	SNEEDED	

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Scott Johnson		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(IC#_ Sanders / Rodger 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
-1   <del>5</del>   11	3656 Maplenovel Ark Dallas, T	X 75205	#3,000, <u>co</u>	 
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 4/5/11	Full name of contributor out-of-state PAC(1D#_  Shaddock, Peter  Contributor address; City; State; Zip Code  58 Braewood Place Dallas	.TX 75248	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
7 1	Full name of contributor out-of-state PAC(ID#_Clark, Dale + Linda Contributor address; City; State; Zip Code 16250 Dallas PKwy, Stazio Dalla	×;TX 752.48	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See In		f Texas, complete Schedule T)
Date 4/5/1)	Full name of contributor   out-of-state PAC(10#_ Darling, William + Priscilla Contributor address; City; State; Zip Code 2500 Legacy Dr. Stc 100 5 Frisco	5,TX 75034	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor   out-of-state PAC(ID#_ Darling   Stephen Contributor address; City; State; Zip Code  500 Legacy Dr. Ste 100; Frisco	TX 75034	Amount of contribution (\$)	In-kind contribution description (if applicable)
	ation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
			****	

Austin, Texas 78711-2070

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

(TDD 1-800-735-2989)

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	Scott Johnson		3 ACCOUNT # (E	thics Commission Filers)
4 Date	Full name of contributor □ out-of-state PAC(ID#_AK'\n, HoWard ■ Out-of-state PAC(ID#_6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	44 Armstrong Or Frisco, TX	75034	(If travel outside o	  of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date 4/8/11	Full name of contributor out-of-state PAC (ID#_Bond Ken + Gail Contributor address; City; State; Zip Code 3529 Nautical Dr. Frisco,		Amount of contribution (\$)	In-kind contribution description (if applicable)
		, , , , , , , , , , , , , , , , , , , ,	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date 4/8/1)	Full name of contributor   out-of-state PAC(ID#_RonderOS, Jaime Contributor address; City; State; Zip Code 1798 Tor-rey fines Frisco	o,TX 75034	Amount of contribution (\$)  200, cc.	In-kind contribution description (if applicable)  if applicable (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date 4/8/11	Full name of contributor out-of-state PAC (ID#_Hanebuth, Charles + Carol Contributor address; City; State; Zip Code 7524 Bay Hill Dr. Frisco,	TX 75034	Amount of contribution (\$)	In-kind contribution description (if applicable) of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date 4/8/11	Full name of contributor out-of-state PAC (IDH  Arbuckle, David + Shanyn  Contributor address; City; State; Zip Code  3674 Vanguard Dr. Frisco	,TX 75034	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)

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P.O. Box 12070

#### SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	Scott Johnson		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Miller / John		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/8/11	6 Contributor address; City; State; Zip Code		#100,°	 
	3156 White Spruce Dr. Frisa	.o,TX 75034	(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	· · · · · · · · · · · · · · · · · · ·
Date	Fuff name of contributor out-of-state PAC (ID#_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/6/11	Noschese Great Rejea Contributor address; City State; Zip Code	11	\$ 200,00	  -
	3206 Franada Dr. Mesqu	mTX.75181	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		1
Date 4/5/11	Full name of contributor out-of-state PAC (ID#_Danking / Robert + Toyanc Contributor address; City; State; Zip Code	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
112/11	1717 Savannah Dr. McKinney, T.	X 75070		   pf Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (10#_  Streit, Peter + Tami		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/5/11	S573 Foard Dr. Frisco,	TX 7503Y	<sup>4</sup> 350, <sup>55</sup>	
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	of Texas, complete Schedule T)
Date 4/5/11	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
''	5222 Cahaba Valley Covc Birm	inghan, AL		of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I		

#### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
	Scott Johnson			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution 'description (if applicable)
	Prieto, Rotsu		contribution (\$)	description (ii applicable)
4/8/11	6 Contributor address; City; State; Zip Code		#.	1 110
'  ~  ''	10 Compo Crast ct.		±500,2°	1 Photography
	Prieto, Betsy 6 Contributor address; City; State; Zip Code 10 Canyon Crest Ct. Frisco, TX 75034			of Texas, complete Schedule T)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	<u> </u>	of taxas, complete concusts (7
9 Filicipal occu	pation 7 305 the (Oce mandeners)			
Date	Full name of contributor out-of-state PAC (ID#,		Amount of	In-kind contribution
	Hareboth, Chock + Carol		contribution (\$)	description (if applicable)
4/26/11	Contributor address; City; State; Zip Code		#	Meet + Greet
11201			#\∞' <i>®</i>	retrogree
	7.524 Bay Hill Frisco, TX	75034		
	I (A L III) (O L Lacturations)	Employer (See		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Litiployer (dde	man detection	
Date	Full name of contributor out-of-state PAC(ID#	)	Amount of	In-kind contribution
	Dodson Bryan		contribution (\$)	description (if applicable)
4/5/11	Contributor address; City; State; Zip Code		1 m	
112/11	3554 Norwich Ln. Frisa		Z50,∞	1
	3334 Norwich Ln. 17.50	5,17 72054		of Tours assessed as Cohodulo T)
Dringing aggr	pation / Job title (See Instructions)	Employer (See	<del></del>	of Texas, complete Schedule T)
Filicipal occu	pation / 300 title (CCC metacoste)			
Date	Full name of contributor   out-of-state PAC (ID#_	)	Amount of	In-kind contribution description (if applicable)
	Albright Bity Lop		contribution (\$)	description (if applicable)
slili	Hibright, Betty Lou Contributor address; City; State; Zip Code		1 100	
191111	7554 St. Petusbury Dr.		20.	
	Frisco, TX 75034		(15 days and production	of Toyon, complete Schadula T\
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
1 11113,541 000	,			
Date	Full name of contributor out-of-state PAC (ID#	)	Amount of	In-kind contribution
	Boring, Rob & Marilyn		contribution (\$)	description (if applicable)
15/1/11	Boring / Bob & Marilyn Contributor address; City; State; Zip Code		#40 00	
12111,	706 Bey Hill Dr.		101	
	Frisco, TX 75034		(if bound outside	of Tayas, complete Schedule TV
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
. Throipan soud				
	······································			

#### SCHEDULE A

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	nedule A:
2 FILER NAME	Scott Johnson		3 ACCOUNT# (E	Ethics Commission Filers)
4 Date 5/1/11	5 Full name of contributor out-of-state PAC (ID#_Branch / Colleen 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/1/11	6 Contributor address; City; State; Zip Code 1031 Harbor Spoings Dr. Fr.sco, TX 75034	,	#40,∞	 
O. Datastast				of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	HNT12 PAC	C 003 86029_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/12/11	Contributor address; City; State; Zip Code		<sup>#</sup>  0∞,∞	
	715 Kirk Dr. Kansas City	MO 64105	,	
	, , , , , , , , , , , , , , , , , , , ,		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor  ut-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		}	
Principal occur	f pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
			,	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
į	Contributor address; City; State; Zip Code	,	 	
			(If travel outside o	f Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-statePAC(ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occur	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Timoipai occup	manon / 000 min (000 minutations)	Employer (see II	nstructions)	

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EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement		
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense		
Event Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Travel Out Of District Candidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead/	Rental Expense O	HER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
9	Scott Johnson		
4 Date	5 Payee name		
4/5/11	Lowe's		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
#62.30	3360 Preston Rd.		
62,	Friscs, TX 75034		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If to	ravel outside of Texas, complete Schedule T)
OF	Other - Supplies	Signage:	4
EXPENDITURE		<u> </u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/5/11	First Graphic Services		
Amount (\$)	Payee address; City; State; Zip Code		•
#1126 54	229 Garvon St.		
1/125,-	Garland, TX 75040	)	
PURPOSE	Category (See categories listed at the top of this schedule)	Υ	avel outside of Texas, complete Schedule T)
OF			· · · · · · · · · · · · · · · · · · ·
EXPENDITURE	Printing Expenses	Signase	-
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	'A		
Date U/c In	Payee name		
4/5/11	Hi-Tech Ts		
, Amount (\$)	Payee address; City; State; Zip Code		
<sup>1</sup> 1,523. <del>62</del>	3302 W. Shady Grove		
1/2 42.	Irving , TX 75060		
DI IDDONE		Description (lfts	avel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the top of this schedule)	1	` ' '
EXPENDITURE	Advertising Expense	T-Shin	T\$
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	H		
Date , (	Payee name		
4/6/11	Heritage Lakes		
Amount (\$)	Payee address; City; State: Zip Code		
, '''	3949 Village Block		
# 87,50			
	Fr:500, TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Clubhouse	_ Rental
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C		- ···	2
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	=DED
	THE PROPERTY OF THE OF THE OF	JULIED OLL AU NEI	

(512) 463-5800

### SCHEDULE F

#### POLITICAL EXPENDITURES

P.O. Box 12070

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Contributions/Donations Made By Polling Expense Candidate/Officeholder/Political Committee Event Expense Travel Out Of District Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME Scott Johnson 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 5 Payee name 4 Date 7 Payee address; City; State; Zip Code 4/7/11 6 Amount (\$) 3191 Preston Rd. # 24, 21 Frisco, TX 75034 (a) Category (See categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** 8 OF Event Expense Candidate / Officeholder name Dinner @ Forum **EXPENDITURE** Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Payee address; City; State; Zip Code 9361 Scan Dr. 4/8/11 Amount (\$) Fr: 510, TX 75035 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE Event Expense Bounce House For Kickoff Party Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 4/8/11 Moyah Burgers Payee address; City; State, Zip Code Amount (\$) 41,615,91 5500 Preston Rd. #102 Fr: sco, TX 75034 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** OF Food For Kick-off Party Office sought Event Expense EXPENDITURE Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date 4/8/11 Payee name DJ Tommy Scott s; City; State; Zip Code Amount (\$) Payee address; 632 Flerming #200,00 Wylie, TX 75098 Category (See categories listed at the top of this schedule) Description (if travel outside of Texas, complete Schedule T) **PURPOSE** OF EXPENDITURE DJ For Kick-SF Roty Event Expense Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Advertising Expense Accounting/Banking Consulting Expense Event Expense	•	s/Wages/Contract Labor	Loan Repayment/Reimbursement
Fees	Polling Expense Travel	tion/Fundraising Expense n District Out Of District Overhead/Rental Expense	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
	The Instruction Guide explain	s how to complete this for	rm.
1 Total pages Schedule F: 2	FILER NAME Scott Tobason		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/8/11 5	Bobby Roberti		
3 Amount (\$) 7 \$\frac{4}{275}, \frac{63}{3}	Payee address; City: State: Zip 3135 Canden Bluff Frisco, TX 75034		
	) Category (See categories listed at the top of this sch		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Beverages	For Kickoff Party
Omplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sough	t Office held
Date 4/9/11	Payee name Fed - Ex Office	٠.	
Amount (\$)	Payee address; City; State; Zig	Code	
<sup>4</sup> 0.78	8290 Hwy 121 Stonebrium Mallatta Fi	140,TX 75034	
PURPOSE	Category (See categories listed at the top of this sch	edule) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Cop;	es
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	t Office held
Date 4/11/11	Payee name Facebook Ads	1 100	
Amount (\$) #31, 27	Payee address; City; State; Zip 156 University Auc Palo Alto, CA 94.		
PURPOSE	Category (See categories listed at the top of this sch		(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Ad on Fa	acebook
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	t Office held
Date 4/13/11	Payee name Frisco Area Re	oublicans	
435.50	Payee address; City; State; Zip 6009 Star Trail Friso, TX 75034		
		edule) Description (	(If travel outside of Texas, complete Schedule T)
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this school Cher - Dues	Yearly M	knowship Dues
OF		Yearly M Office sought	knowship Dues Office held

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R	ising Expense T C rict	oan Repayment/Reimbursement Fransportation Equipment & Relat Contributions/Donations Made By Candidate/Officeholder/Politics DTHER (enter a category not list	ed Expense al Committee
	The Instruction Guide explains how to	complete this form	ń,	-
1 Total pages Schedule F:	2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Com	mission Filers)
4 Date 4/15/11	5 Payee name Alvin Hverta			
6 Amount (\$) ₩350, <u>\alpha</u>	7 Payee address; City; State; Zip Code 4163 Parice Dr. Frisco, TX 75034			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if	f travel outside of Texas, complete Sche	dule T)
OF EXPENDITURE	Event Expense	Medio Great 1	Fool & Bevorge	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office h	eld
Date 4/21/11	Payee name Facebook Ads			
Amount (\$)	Payee address; City; State; Zip Code			
#ZZ.48	156 University Auc.			
r 22. "	Palo Alto, CA 94301			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (if	f travel outside of Texas, complete Sche	dule T)
OF	Advertising	A0 00	Facebook	
EXPENDITURE	<u> </u>	• • • • • • • • • • • • • • • • • • • •	-	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office h	eld
Date 4/18/11	Payee name Constant Contact			
Amount (\$)	Payee address; City; State; Zip Code			
#16,24	1601 Tropelo Rd.			
16	Waltham , MA 02451			
PURPOSE	Category (See categories listed at the top of this schedule)	, ,	travel outside of Texas, complete Sche	dule T)
OF EXPENDITURE	Advertising	Mailine 1	List-email	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office h	eld
Date	Payee name			
4/20/11		N-1		
Amount (\$)	Frisco Lakes Mens Golf Payee address; City; State; Zip Code	MSSOC,	** .	
#150. <u>@</u>	7170 Anthem Dr. Fr:sco, TX 75034			
DUBBOOK	Category (See calegories listed at the top of this schedule)	Description #	travel outside of Texas, complete Scheo	lute T)
PURPOSE OF		Sponsonsh	·	AUIO 1 J
EXPENDITURE	Event Expense	אפייסניטעות	<u> </u>	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS N	EEDED	

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/F The Instruction Guide explains how to	ontract Labor Loa alsing Expense Tra Con trict Rental Expense OT	in Repayment/Reimbursement nsportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Scott Johnson		
4 Date 4/21/11	Frisco Style		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
#1,000,00	P.O. Box 1676 Frisco, TX 75034		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	evel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Ad in Fr	isco Style
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 4/21/11	Payee name Frisco Deg Park, Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.°	1656 Dowling Ct.		
501	trisco, TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Rover Ralli	)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
4/21/11	Facebook Ads		
Amount (\$)	Payee address; City; State; Zip Code		
#Z6, 85	156 University Auc. Palo Alto, CA 94301		
۲6,	Palo Alto, CA 94301		
PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Ad on Fo	vebook
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/21/11	Fed-EX Office		
Amount (\$)	Payee address; City; State; Zip Code		
#5,25	8290 Hwy 121		
quand	Frisco, TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	· ·	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Ceptes	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	DED

P.O. Box 12070

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitat Food/Beverage Expense Travel ( Polling Expense Travel ( Printing Expense Office C	s/Wages/Contract Labor tion/Fundralsing Expense in District Out Of District Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
A Total sages Cahadula E	The Instruction Guide explain	S now to complete this to	
1 Total pages Schedule F:	Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
4/22/11	Fed. Ex Office		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
*0.87	8290 Huy 121		
0,87	Frisco, TX 750	34	
8 PURPOSE	(a) Category (See categories listed at the top of this scho	edule) (b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Copier	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt Office held
Date	Payee name		
4/26/11	Print Place		
Amount (\$)	Payee address; City; State; Zip	Code	
#	1130 Ave H. East		
\$5,940, <u>\$1</u>	Anlinston, TX 760	011	
PURPOSE	Category (See categories listed at the top of this sche		(If travel outside of Texas, complete Schedule T)
OF			
EXPENDITURE	Printing Expense	। । ऽथा क/	hill of Canddate Into
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	t Office held
Date 4/27/I)	Payee name	1	
1/26/11	Payee address; City; State; Zip	revispapers	
Amount (\$)	Payee address; City; State; Zip	Code	
#1,500,°	624 Krona Dr.	*170	
1/5001	Plano, TX 75074	1	
PURPOSE	Category (See categories listed at the top of this sche	· .	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense	Adin Frisi	o Paper
Complete ONLY if direct	Candidate / Officeholder name	Office sough	1
expenditure to benefit C/O	н		
Date ,	Payee name		
4/27/11	Jason's Deli		
Amount (\$)		Code	
H5 3/	8520 Hwy 121		
#15.76	Frisco, TX 7503	3.1	
DUBBOOK	Category (See calegories listed at the top of this sche-		(If travel outside of Texas, complete Schedule T)
PURPOSE OF			
EXPENDITURE	Food/Bevonue Expense	which out	Compain Team
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	t Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS	NEEDED

P.O. Box 12070

#### SCHEDULE F

(512) 463-5800

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages Legal Services Solicitation/Fun Food/Beverage Expense Travel In District Polling Expense Travel Out Of I	s/Contract Labor Loa adraising Expense Trai ict Cor District	an Repayment/Reimbursement insportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	
1 Total pages Schedule F:	2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)
4 Date 4/27/11 6 Amount (\$)	5 Payee name Dallas News		
6 Amount (\$)	7 Payee address; City; State; Zip Code 508 lwng 54, Dallas, TX 75202		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1	evel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising	Ad in Ne	ishbors Go
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 4/27/1)	Payee name Print Place		
Amount (\$)  1 38 2050,	Payee address; City; State; Zip Code 1130 Avc. H. East Arlington, TX 76011		
PURPOSE	Category (See categories listed at the top of this schedule)	I -	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense	Print & Mail &	of Candillate Info
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 4/28/11	Payee name Faccbook Aols		
#18,18 Amount (\$)	Payee address; City; State; Zip Code 15b University Avc. Palo Alto, CA 94301		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advirt. sing	Description (If trav	vel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date 4/28/11	Payee name  Fr/SLO TEA Party  Payee address; City; State; Zip Code		
Amount (\$) \$ 2.50.55	Payee address; City; State; Zip Code 4308 Shamrock Or. Fresco, TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tray	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Boots & Balke	& Tickets
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

	EXPENDITURE CATEGORII	S FOR BOX 8(a)	
Advertising Expense			
Accounting/Banking Consulting Expense	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Contributions/Donations Made By		
Event Expense	Polling Expense Travel Out Of		Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhea	d/Rental Expense OT	HER (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.	•
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
	Scatt Johnson		
4 Date 4/28/11	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$6.18	P.O. Box 45950		
0.10	Onaha, NE 68145		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if to	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Accounting/Banking	Account VeriF	retan
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O		Sinco oodgiit	O mos tiena
Date	Payee name		
5/1/11		Club	
ク/ / / / / / Amount (\$)	Payee address; City; State; Zip Code	<100	
	7170 Anthem Dr.		
#600.°°			
000	Frisco,TX 75034		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	avel outside of Texas, complete Schedule T)
OF EXPENDITURE	Event Expense	Meet & Gree	4
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/O	н		
Date .	Payee name		
4/29/11	Denise Midaley		
Amount (\$)	Denise Midgley  Payee address: City; State; Zip Code		
H ~ 00	2608 Stone Creek Dr.		
#95,€	Plano, TX 75075		
		Description (tt)	and a bid of Town and the Cohering T
PURPOSE OF	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)
EXPENDITURE	Event Expense	Cellin County L	rined Day Dinner ticket
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5/9/11	tacebook Ads		
Amount (\$)	Payee address; City; State; Zip Code		
At 10 70	156 University Ave.		
#19.20	Palo Alto, CA 94301		
	·	Door-t-P ***	and addition of Taylor and all the Color and C
PURPOSE OF	Category (See categories listed at the top of this schedule)		ivel outside of Texas, complete Schedule T)
EXPENDITURE	Advertising	Ad on to	ocenon
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/F	ontract Labor Los lising Expense Tra Co trict	an Repayment/Reimbursement ansportation Equipment & Related Expense ntributions/Donations Made By Candidate/Officeholder/Political Committee HER (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	2 FILER NAME Scott Johnson		3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/4/11	5 Payee name Monkey Tag		
6 Amount (\$)	7 Payee address; City; State; Zip Code HIOI W. Green Oaks is Arlington, TX 76016	te 30,5	
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)  Advertising Expense	(b) Description (If it.	avel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 5/4/11	Payee name    Coject LO		
Amount (\$)	Payee address; City; State; Zip Code 2300 McDermott Dr. J Ste- Plano, TX 75025	200-113	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (if tra	evel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tre	evel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	EDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES  Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/F  The Instruction Guide explains how to	ontract Labor alsing Expense  Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Rental Expense  Contributions (Political Committee) Contributions (Political Committee)
1 Total pages Schedule G:	2 FILER NAME. Scott Johnson	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5 /4 / II	5 Payee name Mand: Hawkins	
6 Amount (\$)  # 600, 50  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 525 South Maxwell Creek Wyl: C, TX 75098	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Salaries/Wages/Contract	Contract Labor For Compaign Sorvices
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS SO	HEDULE AS NEEDED